



**Privacy Act Release Form  
VA/Military/DOD/TriCare Concerns**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security #/Employer ID: \_\_\_\_\_ VA Claim Number: \_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Information**

Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

Have you contacted another congressional office about this case? \_\_\_\_\_  
If yes, which office? \_\_\_\_\_

Description of the circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Branch of Service: \_\_\_\_\_

Entry and Discharge Dates: \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. By signing this form, you agree to allow information related to your concern to be released to the Office of Congressman Frank M. Kratovil, Jr.

**Please Mail or Fax to:**

Congressman Frank M. Kratovil, Jr.  
102 Turpins Lane, Suite 1  
Centreville, MD 21617-1029  
(443) 262-9136  
(443) 262-9713 (fax)

\*Feel free to attach additional documents, comments, or information to this form.